

**DECLARATION
and POWER OF ATTORNEY**

As a below named inventor, I declare that the information given herein is true, that I believe that I am the original, first and sole inventor (if only one name is listed as 1 below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SPINAL IMPLANT SURFACE CONFIGURATION.

the specification of which is attached hereto unless the following box is checked:

☐ was filed on ____ as United States Application Number or PCT International Application Number ____ and was amended on ____.

My residence, post office address and citizenship are as stated below next to my name.

I acknowledge my duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations § 1.56(a).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN APPLICATION(S)

COUNTRY	APPLICATION NUMBER	DATE OF FILING Month Day Year	PRIORITY CLAIMED UNDER 35 U.S.C. 119
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I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code § 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application

(Application Serial No.)

(Filing Date)

(Status)

POWER OF ATTORNEY: As a named Inventor, I hereby appoint the following attorney(s) and/or Agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Thomas H. Martin, Esq., Reg. No. 34,383; and Amedeo Ferraro, Esq., Reg. No. 37,129

Send correspondence to:

DIRECT TELEPHONE CALLS TO: Amedeo Ferraro
310-286-9800



22882

PATENT TRADEMARK OFFICE

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1	Name of Inventor Gary K. Michelson, M.D.	Residence: CITY Venice	STATE or COUNTRY California
	Post Office Address 438 Sherman Canal, Venice, CA 90291		CITIZENSHIP US
2	Name of Inventor	Residence: CITY	STATE or COUNTRY
	Post Office Address		CITIZENSHIP
3	Name of Inventor	Residence: CITY	STATE or COUNTRY
	Post Office Address		CITIZENSHIP
4	Name of Inventor	Residence: CITY	STATE or COUNTRY
	Post Office Address		CITIZENSHIP

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 1 	SIGNATURE OF INVENTOR 2
DATE 2/19/2000	DATE
SIGNATURE OF INVENTOR 3	SIGNATURE OF INVENTOR 4
DATE	DATE

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	Post Office Address		CITIZENSHIP
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	Post Office Address		CITIZENSHIP
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	Post Office Address		CITIZENSHIP

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SIGNATURE OF INVENTOR 1	SIGNATURE OF INVENTOR 2
DATE	DATE
SIGNATURE OF INVENTOR 3	SIGNATURE OF INVENTOR 4
DATE	DATE